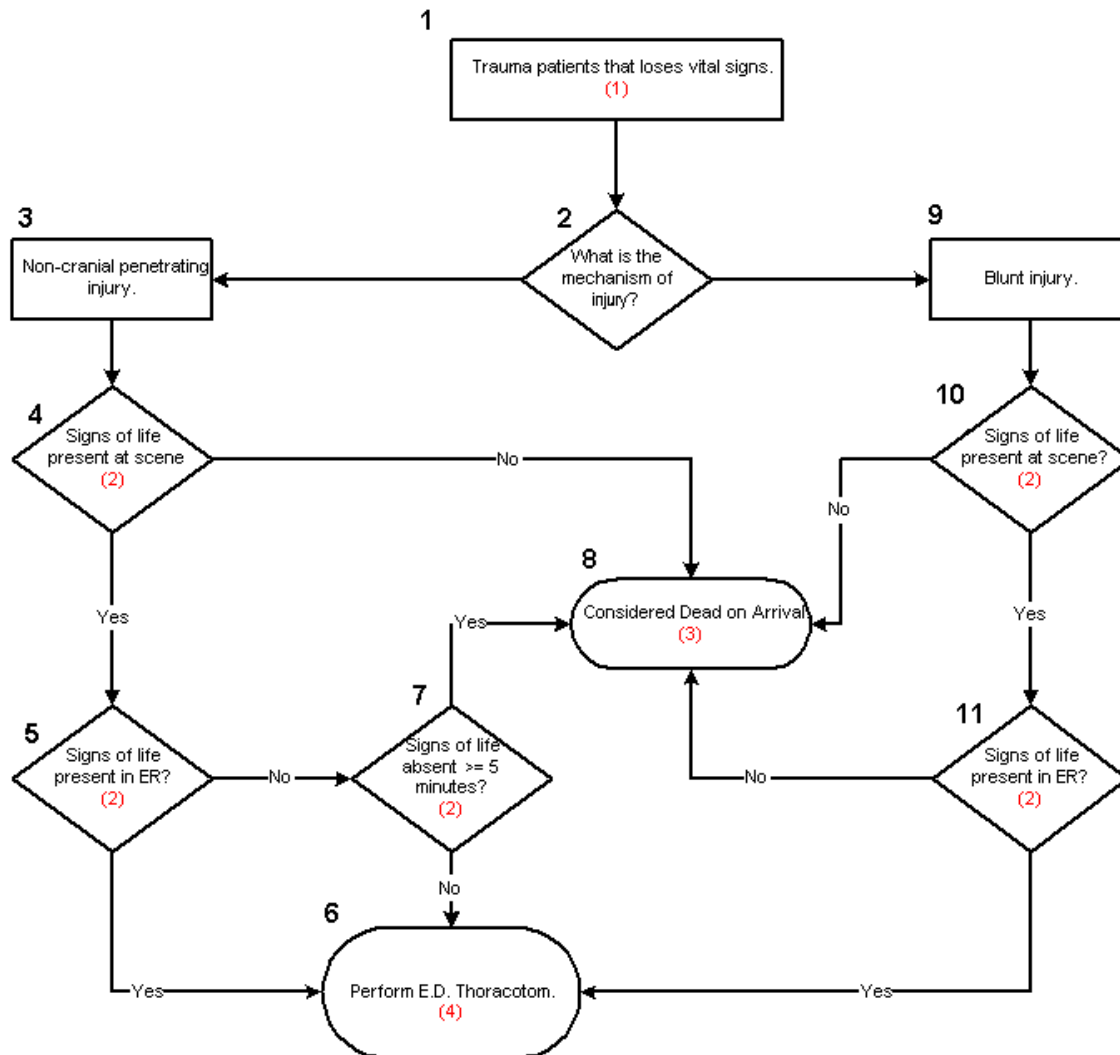


MADIGAN THORACOTOMY I ALGORITHM
(For trauma patients with non-cranial penetrating or any blunt injury who loses BP, pulse, respiration and/or responsiveness)



Annotations

- (1) Loses blood pressure, pulse, respiration and or responsiveness in the ED who had signs of life in the field.
 - (2) Defined as organized supraventricular cardiac activity and/or pupillary reaction and/or regular or agonal respirations.
 - (3) At arrival to ED, if absent signs of life that have been absent greater than 5 minutes in the non-cranial penetrating trauma or on arrival for all blunt trauma, these patients are considered dead on arrival
 - (4) Left Anterolateral Thoracotomy Procedure
 - Insert rib spreader
 - Consider aortic cross clamp
 - Open pericardium, internal massage
 - Repair obvious cardiac defects
 - Control left chest hemorrhage
 - Clamp pulmonary hilum prn
 - Pack apex prn
- If no bleeding in left chest or heart
- Consider transmediastinal extension to right chest
 - Consider laparotomy

Simultaneous Resuscitation Points

The A, B, Cs of resuscitation are followed by:

- Ensuring airway and intubating for Glasgow Coma Scale equal to or less than 9
- Keeping O2 saturation at least at 94%, pulse oximetry is recommended
- Keeping the systolic blood pressure at a minimum of 100mmHg
- Controlling external hemorrhage
- Obtaining IV access and administering 2 L NS and 2-4 units Type O uncrossmatched PRBC, using Level I transfuser is recommended

Call OR to prepare for emergent transfer and thoracotomy/ laparotomy of trauma patient